



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: REGENCY HOSPITAL OF NORTHWEST INDIANA

City of Hospital: Portage, East Chicago

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Elizabeth Loyack

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Medicare Provider Number: 15204

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$184515108
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$184515108

2. Deductions From Revenue

Contractual Allowance	\$155029977
Other Deductions	\$153812
Total Deductions	\$155183789

3. Total Operating Revenue

Net Patient Service Revenue	\$29331319
Other Operating Revenue	\$502689
Total Operating Revenue	\$29834008

4. Operating Expenses

Salaries and Wages	\$12453843	Employee Benefits	\$2160978
Depreciation and Amortization	\$262887	Interest Expense	\$888
Bad Debt	\$0	Other Expenses	\$12657434
Total Operating Expenses	\$27536030		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2297978	Total Assets	\$41440752
Net Non-operating Gains over Loss	\$72052	Total Liabilities	\$8438429

Total Net Gains	\$2370030
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$104532986	\$88962119	\$15570867
Medicaid	\$22890990	\$19557932	\$3333058
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$57091132	\$46663738	\$10427394
Total	\$184515108	\$155183789	\$29331319

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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